

120 South Riverside Plaza
22nd Floor
Chicago, Illinois 60606
Phone: (312) 655-1500
Fax: (312) 655-1501

WELSH & KATZ, LTD.

RECEIVED
CENTRAL FAX CENTER

MAY 17 2005**Fax**

To:	Examiner Andrew L. Nalven	From:	L. Friedman
Fax:	703-872-9306	Pages:	2
Phone:		Date:	5/17/05
Re:	Serial No. 10/760,952 7251/91334	CC:	

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Dear Examiner Nalven,

Please enter the attached Authorization to Act in a Representative Capacity in the file of the referenced application. Thank you.

Handwritten:
Reg No 32,135

IF YOU DO NOT RECEIVE ALL PAGES OR ARE HAVING TROUBLE, PLEASE CALL IMMEDIATELY (312) 655-1500 AND ASK FOR Suzanne Mattingly.

***** **CONFIDENTIALITY NOTE** *****

The documents accompanying this facsimile transmission contain information which may be confidential or privileged and exempt from disclosure under applicable law. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying distribution or use of the contents of this information is without authorization and is prohibited. If you have received this facsimile in error, please notify us by collect telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

Sample Form (03-04)


AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITYIn re Application of: **WACHTFOGEL et al.**Application No. **10/760,952**Filed: **20 JAN 2004**Title: **SYSTEM FOR PROVIDING KEYS**Attorney Docket No. **7251/91334**Art Unit: **2134**

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Sanford T. Colb	26,856
David Zviel	41,392

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	L. Friedman		
Signature		Date	17 MAY 2005
Registration Number	37,135	Telephone	312-655-1500

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.